

## **Helping Adults Quit Tobacco**

Adult Cessation Post-program Survey

The information on this form is being collected to check whether the activity you participated in is helpful and effective for most people. The information you give us will help to plan and provide better programs, so please answer the questions thoughtfully. The information you provide is <u>voluntary</u> – you can skip any questions you don't want to answer, and you can stop at any time.

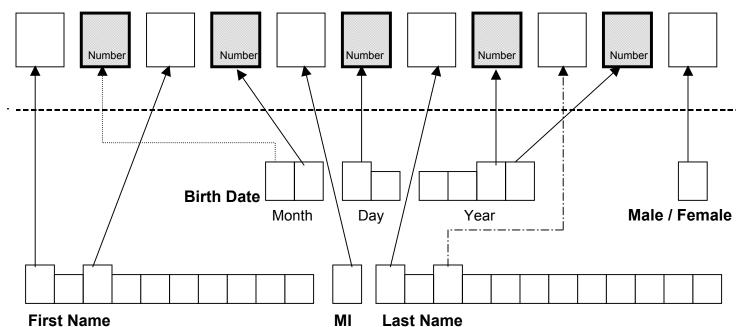
You were asked to fill in this form before you started, and now, again, after you finished. Your name and birth date will **not** be connected to the answers you give on these forms. Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This will ensure that nobody knows which survey is yours.

## **Tell Us About Yourself**

Official Test Date:	1		1	
	(Month)	(Day)	(Year)	_
What <u>City</u> do you live ir	າ?			
What <u>County</u> do you liv	e in?			
What is your Zip Code?	•			

Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.

## Name Code:



Rev. Fall 2002



	n the days you smoked, how many cigarettes per day did you smoke? pack=20 cigarettes)
	Cigarettes
	o you think that you are addicted to nicotine (cigarettes, tobacco)?
Α.	
В. С.	
U.	Not Sure
W	hen was the last time you made a serious attempt to quit using tobacco?
A.	· · · · · · · · · · · · · · · · · · ·
В.	Within the past month
C.	Between 1 and 6 months ago
D.	, 0
E.	More than one year ago
D	o you want to quit smoking or using tobacco?
A.	
В.	
C.	
D.	·
Δ	re you seriously considering quitting smoking within the next 6 months?
A.	
В.	No
C.	I already quit
D.	· ·
٨	re you planning to quit within the next month?
A.	
В.	
C.	
D.	
_	m a capia af 4 to 40, have atmonessia versus decima to essit simbt many?
	n a scale of 1 to 10, how strong is your desire to quit right now? of at all strong 1 2 3 4 5 6 7 8 9 10 Extremely strong
	·
	Jsing tobacco is a habit I <u>can</u> break."
Α.	,
В.	•
C.	•
D.	Definitely Not True for me



17.

10.	"I have the skills that I need to quit smoking."  A. Definitely True for me  B. Probably True for me  C. Probably Not True for me  D. Definitely Not True for me
11.	"There are more negative things about smoking than positive things."  A. Definitely True for me  B. Probably True for me  C. Probably Not True for me  D. Definitely Not True for me
12.	<ul> <li>"Will your family help you to quit smoking?"</li> <li>A. Definitely True for me</li> <li>B. Probably True for me</li> <li>C. Probably Not True for me</li> <li>D. Definitely Not True for me</li> </ul>
13.	<ul> <li>"Will your friends help you to quit smoking?"</li> <li>A. Definitely True for me</li> <li>B. Probably True for me</li> <li>C. Probably Not True for me</li> <li>D. Definitely Not True for me</li> </ul>
The la	ast questions ask for your opinions about the program you just participated in.
14.	Would you tell your friends that this was a good class?  A. Definitely Yes B. Probably Yes C. Probably No D. Definitely No
15.	What was the most helpful or interesting part of this program?
16.	What was the <u>least</u> helpful or interesting part of this program?

What should we do to improve this program?